MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr Conrad

09591

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Breathedsville
LENGTH OF STAY (in this place): 9 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Md State Ref. for Males

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1129 East Lexington St.

3. NAME OF DECEASED (Type or Print): (First) EDDIE (Middle) (Last) ADAMS

4. DATE OF DEATH: (Month) Sept (Day) 29 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Jan. 8 1904

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Fayettsville No. Car.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel Adams

14. MOTHER'S MAIDEN NAME: Roxanna Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 579-01-9312

17. INFORMANT AND ADDRESS: Md State Reformatory for Males Breathedsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Pulmonary Tuberculosis — Interval Between Onset and Death: 2 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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136

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1949, to Sept 29, 1950, that I last saw the deceased alive on Sept 28, 1950, and that death occurred at 8 H 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert P. Conrad, M.D. ADDRESS: 137 W. Washington Hagerstown DATE SIGNED: 9-29-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Oct. 1-1950

NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Sept. 29, 1950

REGISTRAR'S SIGNATURE: John H. Bart

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md

42099

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OCT 4 1988
BUREAU V. S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

09592

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH- COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 43 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 141 West Franklin St.,	STREET ADDRESS (If rural, give location): 141 West Franklin St.,

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Ann	(Last) Adams	4. DATE OF DEATH	(Month) Sept. (Day) 23, (Year) 1950 19
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Feb. 22, 1869	9. AGE last birthday: 81 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own home	11. BIRTHPLACE (State or foreign country): Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: John B. Rees	14. MOTHER'S MAIDEN NAME: Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: none	17. INFORMANT AND ADDRESS: Elizabeth Adams, Hagerstown, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X Immediate cause (a) Hypertensive Cardiac Vascular Disease — 3 yrs

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1947, to Sept., 1950, that I last saw the deceased alive on 18 Sept., 1950, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edna Hurwitz	MD	Hagerstown Md	9/23/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Sept. 25, 1950	NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery	LOCATION (City, town, or county) (State): Hagerstown, Maryland
DATE REC'D BY LOCAL REG.: Sept. 25, 1950	REGISTRAR'S SIGNATURE: Chas H Bowers	24. FUNERAL DIRECTOR: Fred W. Kraiss Hagerstown, Md	ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

09593

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 1 yr. 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 609 N Belnord St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Josephine	—	Altman	Sept.	9	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	WIDOWED	Feb. 8, 1880	70 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Bohemia	U.S.A.

13. FATHER'S NAME: J. Sracek

14. MOTHER'S MAIDEN NAME: P. Klecka

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
unk.	unk.	Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Generalized arterio-sclerosis	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Diabetes Mellitus	?
(c)		

260X
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		

22. I hereby certify that I attended the deceased from Aug. 10, 1949 to Sept. 9, 1950, that I last saw the deceased alive on Sept. 9, 1950, and that death occurred at 10:05 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Rai	M.D.	Ritchie Hospital, Cascade, Md.	Sept. 10, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/13 50	Oak Hill Cemetery	Horner's Lane, Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9/12/50	H. W. Kahrad	Schimunek Funeral Home, Inc. 2601-3-5 E. Madison Street

09594

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clevelandville Rural — LENGTH OF STAY (in this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clevelandville Rural
STREET ADDRESS (If rural, give location) Boonsboro R.2.

3. NAME OF DECEASED (Type or Print): (First) Lillie (Middle) a. a. (Last) Ashbaugh

4. DATE OF DEATH: (Month) September (Day) 12, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 1-1862

9. AGE last birthday: 88-0-11 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Creagerstown Frid. Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Solomon Ohler

14. MOTHER'S MAIDEN NAME: Mary Anne Clem

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Harvey Beachley Boonsboro Md. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 **Immediate cause** (a) Chronic Myocarditis — 10 yrs

938 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1950, to Sept 12, 1950, that I last saw the deceased alive on Sept 12, 1950, and that death occurred at 8-P. m., from the causes and on the date stated above.

SIGNATURY: S. W. LeFan (Degree or title) M.D. ADDRESS Boonsboro — DATE SIGNED 9/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Sept. 15. 1950 | NAME OF CEMETERY OR CREMATORY: Salemville Cemetery | LOCATION (City, town, or county) (State): near Mapleville Wash. Co. Md

DATE REC'D BY LOCAL REG.: Sept. 16. 1950 | REGISTRAR'S SIGNATURE: John W. Bast | 24. FUNERAL DIRECTOR: Wm. J. Bast & Sons | ADDRESS: Boonsboro Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09595

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensburg Rural
LENGTH OF STAY (in this place) 80 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensburg Wash. Co Md Rural
STREET ADDRESS (If rural give location) none Greensburg Wash Co Md Rural # 2

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Clay (Last) Baker

4. DATE OF DEATH (Month) 9 (Day) 5 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 7-1870
9. AGE last birthday 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming - Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farming of all kind
11. BIRTHPLACE (State or foreign country) Near Wolfsville Fred Co Md
12. CITIZEN OF WHAT COUNTRY? Wash. Co.

13. FATHER'S NAME Jariah Hiram Baker
14. MOTHER'S MAIDEN NAME Elizabeth Dentzger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. 220-10-3477
17. INFORMANT Achsah Grace Wade

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural Causes
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5 Sept, 1950, to Death, 19....., that I last saw the deceased alive on 5 Sept, 1950, and that death occurred at 10:25 P.m., from the causes and on the date stated above.

SIGNATURE Weltyn Graveyard (Degree or title) John Dean Wilson M.D. ADDRESS Smithsburg, Md. DATE SIGNED 6 Sept 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 8th 1950
NAME OF CEMETERY OR CREMATORY Weltyn Graveyard
LOCATION (City, town, or county) Greensburg Wash Co (State) Maryland

DATE REC'D BY LOCAL REG. Sept 6-50
REGISTRAR'S SIGNATURE Geo W Ferguson
24. FUNERAL DIRECTOR George B. Hoover ADDRESS Smithsburg Md

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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SEP 8 1950
BUREAU

Dr. Jack Beachley
21 W. Wash. St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

09596

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS West Antietam Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) West Antietam Street

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Lee (Last) Baker

4. DATE OF DEATH (Month) September (Day) 23 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 22. 1895
9. AGE last birthday 54-10-1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY General labor
11. BIRTHPLACE (State or foreign country) Benevola Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Howard Baker
14. MOTHER'S MAIDEN NAME Mollie Cross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. World War I (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Ernest Liggett - 21 High St. Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

241X Immediate cause (a) Asthmatic Bronchitis 1 Wk.

112 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 23 50, 19 50, to Sept 23 50, 19 50, that I last saw the deceased alive on Sept 23 50, 19 50, and that death occurred at 3.30 P.m. from the causes and on the date stated above.

SIGNATURE J. H. Beachley (Degree or title) M.D. ADDRESS Hagerstown, Md DATE SIGNED Sept 26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 27, 1950
NAME OF CEMETERY OR CREMATORY Antietam National Cemetery
LOCATION (City, town, or county) (State) Sharpsburg Wash. Co. Md.

DATE REC'D BY LOCAL REG. Sept. 26, 1950
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Wm. F. Bart & Sons ADDRESS Boonsboro Md.

98899

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SEP 28 1950
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09597

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 116 E. Irvin Ave.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Catherine (Last) Bands

4. DATE OF DEATH (Month) 9 (Day) 12 (Year) 1950

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 10-5-1870

9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Dravosburg, Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Willima Spittal

14. MOTHER'S MAIDEN NAME Agnes Snedden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-07-2220B

17. INFORMANT AND ADDRESS Mrs. Ruth Sanderbeck, Hagerstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Leuko - erythroblastic anemia — Interval between onset and death: 4-6 mo.

2923

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) None

7382

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION (Month) (Day) (Year) — b. MAJOR FINDINGS OF OPERATION Autopsy Enlarged spleen, generalized petechia — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to 9-12, 1950, that I last saw the deceased alive on 9-12, 1950, and that death occurred at 3:10 p.m., from the causes and on the date stated above.

SIGNATURE Robert F. Keadle, MD (Degree or title) — ADDRESS ROBERT F. KEADLE 132 W. WASHINGTON ST. HAGERSTOWN, MARYLAND — DATE SIGNED 9-13-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 9-15-1950 — NAME OF CEMETERY OR CREMATORY Richland Cemetery — LOCATION (City, town, or county) Dravosburg, Penna. (State)

DATE REC'D BY LOCAL REG. Sept. 13, 1950 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son, Hagerstown — ADDRESS

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SEP 15 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09598

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS South Locust Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washingto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 551 W. Howard Street

3. NAME OF DECEASED (Type or Print): (First) Luther (Middle) B. (Last) Bonebrake
4. DATE OF DEATH: (Month) Sept. (Day) 21, (Year) 19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	March 2, 1874	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Navy Ship Yard
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Bonebrake
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Carson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): Span-Amer.
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Luther B. Bonebrake

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary occlusion	
420.1 Antecedent cause(s) 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) No m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells M.D.
(Degree or title) DEPUTY MEDICAL EXAMINER WASH. CO., MD.
ADDRESS 113 N. Potomac Hagerstown, Md.
DATE SIGNED 9/22/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 24, 1950	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 23, 1950	Chas. H. Bowers	Fred W. Kraiss	Hagerstown, Md.

32697

RECEIVED
SEP 27 1950
BUREAU

Evidence for addition in 18 shown on:

FILM No. G 128 SEP 25 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09599

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (in this place): 35 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 347 North Cannon Ave.,	STREET ADDRESS (If rural, give location): 347 North Cannon Ave.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harry	Joseph	Bricker	Sept. 6, 1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widowed	Nov. 25, 1886	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chef	Restuarant	Pennsylvania	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Bricker	Maria Gift

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	213/18/8777	Mrs. Hilda Sprankle, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
002X Immediate cause	(a) Malnutrition	2 mo
1b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tuberculosis advanced	indef.
	(c) Site: Lung	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-21-50 19..... to Present 19....., that I last saw the deceased alive on 9-4 19 50, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert F. Hoodless MD

ADDRESS: 132 W. Washington St. Hagerstown, Md.

DATE SIGNED: 9-6-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 8, 1950	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 6, 1950	Chas. H. Bowers,	Fred W. Kraiss.	Hagerstown, Md.

72171

RECEIVED
SEP 8 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09600

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS: B&O Railroad

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D. C.; STREET ADDRESS (If rural, give location): 3711 39th St. NW ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Garnett	Fleenor	Carter	Sept. 24 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	Dec. 28, 1892	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Show Business	Wallace, Wash. Co. Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harden Carter	Louise V. Fleenor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW#1	197-03-7233	Mrs Hallie S. Newman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute coronary occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho pneumonia	24 hrs.
(c) Arterio-sclerotic myocardial heart disease; Hypostatic pneumonia	indeter.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

420.1
932

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) No m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED 9/25/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/27/50	Arlington National Cem.	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Sept 25 1950	Chas. H. Bowers	Andrew K. Coffman Hagerstown, Md.

98890

RECEIVED
SEP 27 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

09601

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 8 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Pennsylvania — COUNTY Fulton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Warfordsburg
STREET ADDRESS (If rural, give location) Route 522

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Candice (Last) Charlton

4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 25 1870

9. AGE last birthday: 80 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Baltus Stigers

14. MOTHER'S MAIDEN NAME: Maria Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Gordon Charlton, Warfordsburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronard Occlusion

153X Antecedent cause(s)

46a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Transverse Colon.

(c) Intestinal Obstruction

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 3-50

19b. MAJOR FINDINGS OF OPERATION: Obstructing Carcinoma of Colon -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 3, 1950, to Sept 19, 1950, that I last saw the deceased alive on Sept 19, 1950, and that death occurred at 1:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wesley Layman, M.D. ADDRESS Hagerstown, Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept. 22, 1950 — NAME OF CEMETERY OR CREMATORY: Tenoleway Baptist — LOCATION (City, town, or county) (State): Fulton Co., Pa.

DATE REC'D BY LOCAL REG.: Sept. 20, 1950 — REGISTRAR'S SIGNATURE: Blast Bowers

24. FUNERAL DIRECTOR — ADDRESS: Charles R. Bast, Hancock, Md.

RECEIVED
SEP 22 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09602

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Wash. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade | LENGTH OF STAY (In this place) 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Cascade; COUNTY Wash. Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sandra	Ann	Clark	Sept	14	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Child	Aug 31 '48	2 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	—	Frostburg Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George William Clark	Beulah Bell Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
—	—	Father - Geo. Wm. Clark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

929.0 **Immediate cause** (a) Asphyxia by Drowning

183 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
✓	Home	Cascade	Wash.	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☑	Not while at work ☑	HOW DID INJURY Ooccur?
Sept. 14 '50 m.	☑	☑	Fell in ditch 4 feet 20" deep found by Father

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Robert Wells M.D.	DEPUTY MEDICAL EXAM. WASH. CO. MD.	Hagerstown, Md.	Sept. 14 '50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept 17, 1950	Fulton Cemetery	Western Part	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/15/50	John R Cochran Dep Local Registrar	E.S. Beal	Western Part Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M. Bowers
928 N. Mulberry

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09603

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 5 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bedlevue Asylum

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washingto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
STREET ADDRESS (If rural, give location) Middleburg Pike

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Henry	Ditlow	Sept. 1 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	Aug. 6 1882	68 yrs.	0	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Finisher Tannery	Byrons Tannery	Williamsport Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Henry Ditlow	Mary Ellen Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO No	216-10-4472	Milton Ditlow Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

356.1 **Immediate cause** (a) Cardio vascular renal desease — 1 yr

82 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Amyotrophic lateral Sclerosis — 5 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 1, 1950, to Sept. 1, 1950, that I last saw the deceased alive on Aug 31, 1950, and that death occurred at 11.45 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest F Porle Jr M.D.	Physician	Hagerstown Md.	9/3/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 4 1950	Riverview Cemetery	Williamsport Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 3 1950	Thos H Bowers	Edith V. Leaf	Williamsport Md.

4962D

RECEIVED
SEP 5 1950
BUREAU V. S

09604

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 24 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Main St.
STREET ADDRESS (If rural, give location) Boonsboro

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Strite (Last) Ditto

4. DATE OF DEATH (Month) September (Day) 28. (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.

8. DATE OF BIRTH Nov. 17-1853

9. AGE last birthday 96-10-11 yrs. If under 1 year Months Days If under 24 hrs. Hours Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY Own Farm

11. BIRTHPLACE (State or foreign country) Clearspring Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Abram K. Ditto

14. MOTHER'S MAIDEN NAME Anna Strite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None.

17. INFORMANT AND ADDRESS Fred Ditto Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis. — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

422.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1950, to Sept. 28, 1950, that I last saw the deceased alive on Sept. 28, 1950, and that death occurred at 10:10 P. m., from the causes and on the date stated above.

SIGNATURE G W Selvay (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 9/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE THEREOF Oct. 1. 1950 NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery LOCATION (City, town, or county) (State) near Clearspring Wash. Co. Md

DATE REC'D BY LOCAL REG. 9-29-50 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md

000 VV

M

I

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09605

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hancock
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hancock, Md. R. F. D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock
STREET ADDRESS (If rural, give location) R. F. D. #1

3. NAME OF DECEASED (Type or Print) (First) Lemuel (Middle) Edward (Last) Divel
4. DATE OF DEATH (Month) Sept. (Day) 9 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 8, 1882
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Orchard Labor
10b. KIND OF BUSINESS OR INDUSTRY Orchardist
11. BIRTHPLACE (State or foreign country) Fulton Co., Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Philip Divel
14. MOTHER'S MAIDEN NAME Rebecca Mellott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-20-1108
17. INFORMANT Mr. Lester Divel - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976X Immediate cause (a) Partial decapitation by shot gun bullet

164c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. All health (hypertension)

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Hancock (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) Sept. (Day) 9 (Year) 1950 (Hour) 3:45 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☐ xxx
HOW DID INJURY OCCUR? Shot self with 12 guage shot gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED 9-11-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-12-50
NAME OF CEMETERY ~~OR CREMATORY~~ May's Chapel
LOCATION (City, town, or county) Fulton Co. (State) Penna.
DATE REC'D BY LOCAL REG. 9/12/50
REGISTRAR'S SIGNATURE J. A. Heller
24. FUNERAL DIRECTOR Charles R. Bast, Hancock, Md. ADDRESS

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 13 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09606

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (In this place) 30 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 834 Spruce Street	STREET ADDRESS (If rural, give location) 834 Spruce Street

3. NAME OF DECEASED (Type or Print)	(First) Alice	(Middle) G.	(Last) Duffey	4. DATE OF DEATH (Month) Sept (Day) 9 (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-19-1900	9. AGE last birthday 49 yrs. — If under 1 year: Months 11, Days 20 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Beaver Creek, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Thomas H. Summer		14. MOTHER'S MAIDEN NAME Geneva Lung		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Otho F. Duffey, Hagerstown, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

974 X Immediate cause (a) Asphyxia by hanging.

164a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) Hagerstown (COUNTY) Wash. (STATE) Md.

TIME OF INJURY (Month) Sept. (Day) 9 (Year) 1950 (Hour) 1:30 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Hanged self

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD (Degree or title) DEPUTY MEDICAL EX. WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 9/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 9-12-1950	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) Hagerstown, Md. (State)
DATE REC'D BY LOCAL REG. Sept. 12 1950	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 14 1950
BUREAU V. S

09607

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Welty

CERTIFICATE OF DEATH

Reg. Dist. No. 093

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.-A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
MARYLAND
LENGTH OF STAY (in this place): 9 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 115 East Magnolia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 115 East Magnolia Ave

3. NAME OF DECEASED (Type or Print): (First) LEONARD (Middle) CLARENCE (Last) DUFFEY

4. DATE OF DEATH: (Month) Sept (Day) 3 (Year) 1950

5. SEX: Male MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 13 1901

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary

10b. KIND OF BUSINESS OR INDUSTRY: Standard Oil Co.

11. BIRTHPLACE (State or foreign country): Funkstown Wash. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A?

13. FATHER'S NAME: Charles Edw Duffey

14. MOTHER'S MAIDEN NAME: Lillie Dick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: 214-08-8598

17. INFORMANT AND ADDRESS: Ellis G. Duffey Funkstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary-Arteriosclerotic Heart Disease & Ventricular Fibrillation — Interval Between Onset and Death: 2 hours

420.0

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

932

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 3, 1950, to Sept 3, 1950, that I last saw the deceased alive on Sept 3, 1950 and that death occurred at 3:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dalton M Welty M.D. Hagerstown, Md. 9-4-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Sept6/50

NAME OF CEMETERY OR CREMATORY: Browns Mills Cemtery

LOCATION (City, town, or county) (State): Near Kauffman Sta. Penna

DATE RECD BY LOCAL REG.: Sept. 5, 1950

REGISTRAR'S SIGNATURE: Chas H. Boerner

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown, Md.

23617

RECEIVED
SEP 7 1950
BUREAU V. S

09608

MARYLAND STATE DEPARTMENT OF HEALTH

Dr Norment

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

I

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 7 Mos	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garlock Nursing Home	STREET ADDRESS (If rural, give location): 416 So. Potomac St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)		
NETTIE	LOUISE	FOLTZ	Sept 11 1950 19		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: Sept 22 1877	9. AGE last birthday: 72 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Gary Lake Co. Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: William Helferstay		14. MOTHER'S MAIDEN NAME: Harriett E. Gattrell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): --	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Mrs Glenn Brown 416 So. Potomac St Hagerstown Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arterio sclerotic heart disease	3 years
420.0 Antecedent cause(s)	(b) Arterio sclerotic nephritis	3 years
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Generalized arterio sclerosis	3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None.	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour): No m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1949, to Sept 11, 1950, that I last saw the deceased alive on Sept 11, 1950, and that death occurred at 9:55 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R B Norment MD	119 E Antietam St Hagerstown Md		9/13/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 9/13 50	NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery	LOCATION (City, town, or county) (State): Hagerstown Md.
DATE REC'D BY LOCAL REG.: Sept. 13, 1950	REGISTRAR'S SIGNATURE: Chas H Bowers	24. FUNERAL DIRECTOR: Andrew K. Coffman	ADDRESS: Hagerstown Md.

RECEIVED
SEP 15 1950
BUREAU V. S

09609

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 147 East Baltimore St.,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 147 East Baltimore St.,

3. NAME OF DECEASED (Type or Print): (First) Ole (Middle) V. (Last) Forsyth

4. DATE OF DEATH: (Month) Sept. (Day) 10, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 26, 1886

9. AGE last birthday: 64 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph M. Taylor

14. MOTHER'S MAIDEN NAME: Sarah Jane Hose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Richard E. Forsyth, Hagerstwon Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malnutrition due to — Interval Between Onset and Death: 1 wk

Antecedent cause(s)

155X 46f

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary Carcinoma of liver — 4 mo ++

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) –

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-7-50, 19....., to Present, 19....., that I last saw the deceased alive on 9-10-50, 19....., and that death occurred at 11:45A.m., from the causes and on the date stated above.

SIGNATURE Robert T. Meadle MD (Degree or title) ADDRESS 132 W. Washington St Hagerstown, Md. DATE SIGNED 9-11-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Sept. 13, 1950 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REG. Sept. 13 1950 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss, Hagerstown, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 15 1960
BUREAU V. S

09610

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ~~145~~ 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithsburg
LENGTH OF STAY (In this place) 8
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Myersville
STREET ADDRESS (If rural, give location) Wolfsville

3. NAME OF DECEASED (Type or Print) (First) Elwood (Middle) Guy (Last) Frushour
DATE OF DEATH (Month) Sept. (Day) 20 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Jan 23, 1935
9. AGE last birthday 15 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Child
10b. KIND OF BUSINESS OR INDUSTRY Middletown H.S.
11. BIRTHPLACE (State or foreign country) Nr. Wolfsville Fred. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Guy Frushour
14. MOTHER'S MAIDEN NAME Catherine Bear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT Guy Frushour, Smithsburg Md R.D. #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured cervical vertebra

824.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured Ribs + haemo-

170 C (c) - pneumothorax

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Shock

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Rd. #17
(CITY OR TOWN) Wolfsville ~~Fred.~~ (COUNTY) Md. (STATE) 3 mi. north
TIME OF INJURY (Month) Sept. (Day) 20 (Year) '50 (Hour) 7:30 P.m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Fell off of truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells, M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS Hagerstown, Md.
DATE SIGNED Sept. 20 '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-23-1950
NAME OF CEMETERY OR CREMATORY United Brethern
LOCATION (City, town, or county) Wolfsville, Fred Co. (State) Md

DATE REC'D BY LOCAL REG. Sept 26-50
REGISTRAR'S SIGNATURE D. Edgar Bittle
24. FUNERAL DIRECTOR Paul F. Bittle, Myersville Md. ADDRESS

Geo. W. Ferguson - F.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 29 1950
BUREAU V. S

Dr. W. O. Campbell
1154 W. Wash. St.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09611

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Breathedsville Rural
STREET ADDRESS (If rural, give location) Boonsboro Md. R.1.

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) M. (Last) Groh
4. DATE OF DEATH (Month) September (Day) 10. (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept. 14-1870
9. AGE last birthday 79-11-26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John M Groh
14. MOTHER'S MAIDEN NAME Elizabeth Maysilles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT AND ADDRESS Mrs Fred Warrenfeltz - Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 9/4 - 9/10

490X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

108

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1949, to Sep. 9, 1950, that I last saw the deceased alive on Sep. 9, 1950, and that death occurred at 9/10/50 A.(?) m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. O. Campbell M.D. ADDRESS Hagerstown Md. DATE SIGNED Sep 11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 12, 1950
NAME OF CEMETERY OR CREMATORY Fahrneys Cemetery
LOCATION (City, town, or county) (State) near Maplewille Wash. Co. Md

DATE REC'D BY LOCAL REG. Sept. 12, 1950
REGISTRAR'S SIGNATURE E. Lee McElroy
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md

000VV

RECEIVED
SEP 13 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09612

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 319 N Jonathans Street

3. NAME OF DECEASED (Type or Print) (First) Eleanor (Middle) May (Last) Gross

4. DATE OF DEATH (Month) 9 (Day) 23 (Year) 1950

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 4/17/1900

9. AGE last birthday 50 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Private Family

11. BIRTHPLACE (State or foreign country) Philadelphia Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Gross

14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Clarence Gross 319 N Jonathans St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized carcinomatosis	4 mos
171X Antecedent cause(s)		
48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of cervix	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 17, 1950

19b. MAJOR FINDINGS OF OPERATION Squamous carcinoma of cervix

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1950, to Sept 23, 1950, that I last saw the deceased alive on Sept 23, 1950, and that death occurred at 4 30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John A. Moran M.D. ADDRESS 215 W. Washington St. Hagerstown, Md. DATE SIGNED 9/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 9/26/50 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. Sept 26 1950 | REGISTRAR'S SIGNATURE Elliott Bowers | 24. FUNERAL DIRECTOR William H Downey ADDRESS 291 Frederick St Hagerstown Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
SEP 28 1950
BUREAU V. S

09613

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sandy Hook — LENGTH OF STAY (in this place): 54 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Residence

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sandy Hook
STREET ADDRESS (If rural, give location): Box 140, RFD #1, Knoxville, Md.

3. NAME OF DECEASED (Type or Print): (First) ELIZA (Middle) JANE (Last) HARRISON

4. DATE OF DEATH: (Month) Sept. (Day) 29, (Year) 1950

5. SEX: Female ~~Male~~

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar. 25, 1877

9. AGE last birthday: 73 yrs. — If under 1 year: Months 8, Days 4 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Loudoun County, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Potts

14. MOTHER'S MAIDEN NAME: Mary Chamblin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miss Anna Harrison, Box 140, RFD #1, Knoxville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	hypostatic pneumonia	3 days
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	cerebral hemorrhage	14 months
83a	(c)	hypertension	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1950, to Sep 29, 1950, that I last saw the deceased alive on Sep 29, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Donald K. McIlwyn, MD (Degree or title) — ADDRESS: Bolivar, W. Va — DATE SIGNED: Sep 30, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/3/50 — NAME OF CEMETERY OR CREMATORY: Virts Cemetery — LOCATION (City, town, or county) (State): Sandy Hook, Md.

DATE REC'D BY LOCAL REG.: Oct 3 1950 — REGISTRAR'S SIGNATURE: Cornelius H. Castle, Deputy — 24. FUNERAL DIRECTOR: Melvin T. Strider, Charles Town, West Va — ADDRESS

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OCT 5 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09614

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 1½ yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital	STREET ADDRESS (If rural, give location) 933 Preston Road

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) D.	(Last) Helfrich	4. DATE OF DEATH	(Month) Sept	(Day) 2	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 9-11-1883	9. AGE last birthday 66 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RAILROADMAN	10b. KIND OF BUSINESS OR INDUSTRY Conductor	11. BIRTHPLACE (State or foreign country) Shippensburg, Pa.	12. CITIZEN OF WHAT COUNTRY U.S.A.				
13. FATHER'S NAME Henry D. Helfrich	14. MOTHER'S MAIDEN NAME Virginia Wilt						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 220-09-9008	17. INFORMANT AND ADDRESS Com. H.D.Helfrich, Arlington, Va.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic myocardial heart disease — 6 yrs

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) myocardial degeneration — 6 yrs

63b (c) Acute coronary occlusion Toxic thyroid

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1944	19b. MAJOR FINDINGS OF OPERATION Thyroidectomy (toxic thyroid)	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) NO	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) NO m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1950 to 9-2-, 1950 that I last saw the deceased alive on 9-1, 1950, and that death occurred at 12:30A m., from the causes and on the date stated above.

SIGNATURE S. Robert Wells MD, (Degree or title) ADDRESS Hagerstown Md, DATE SIGNED 9-4-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 9-5-1950	NAME OF CEMETERY OR CREMATORY E. Harrisburg Cemetery	LOCATION (City, town, or county) (State) Harrisburg, Pa.
DATE REC'D BY LOCAL REG. Sept. 5. 1950	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md.	ADDRESS

10247

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
SEP 7 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH Dr. Hoachlander

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09615 303

Reg. Dist. No. ~~302~~

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, R #2, Md
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Layman Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 744 W. Washington St.

3. NAME OF DECEASED (Type or Print) (First) Dora (Middle) Lee (Last) Henry

4. DATE OF DEATH (Month) Sept (Day) 2, (Year) 1950

5. SEX Female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Mar. 18, 1897

9. AGE last birthday 53 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Paige, Cty., Va.

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME Robert Presgraves

14. MOTHER'S MAIDEN NAME Sally Corbett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) --

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Lewis W. Henry 744 W. Washington St Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 2½ yrs

151x

Antecedent cause(s)

46b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to 2 Sept, 1950, that I last saw the deceased alive on 1 Sept, 1950, and that death occurred at 4:40 P. m., from the causes and on the date stated above.

SIGNATURE E Hoachlander (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 9/4/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 9-5-1950

NAME OF CEMETERY OR CREMATORY Edge Hill Cemetery

LOCATION (City, town, or county) (State) Jefferson Co Charlestown, W. Va

DATE REC'D BY LOCAL REG. Sept. 5, 1950

REGISTRAR'S SIGNATURE Lewy M. Fockler

24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Md ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 10 1950
BUREAU V. S

09616

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

DR. LAYMAN

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN — LENGTH OF STAY (in this place) 6 DAYS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON CO. HOSPITAL	STREET ADDRESS (If rural, give location) 2410 VIRGINIA AVE

3. NAME OF DECEASED (Type or Print)	(First) GARRETT	(Middle) ZIMMERMAN	(Last) HENSON	4. DATE OF DEATH	(Month) Sept (Day) 2 (Year) 1950 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Nov 10 1924	9. AGE last birthday 25 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY School Int Correspondence	11. BIRTHPLACE (State or foreign country) Williamsport Wash. Md Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George C. Henson		14. MOTHER'S MAIDEN NAME Helen Lewis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service) --	16. SOCIAL SECURITY No. 217-18-7873	17. INFORMANT AND ADDRESS Kenneth C. Henson 1208 Guilford Ave Baltimore Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia

570.5 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intestinal obstruction

111a (c) Pulmonary infarction

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8/26 — 19b. MAJOR FINDINGS OF OPERATION Both small and large bowel greatly distended — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1950, to Sept 1, 1950, that I last saw the deceased alive on Sept 1, 1950, and that death occurred at 2 00 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ann Layman M.D. — ADDRESS Hagerstown — DATE SIGNED Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 9/4/50	NAME OF CEMETERY OR CREMATORY Manor Cemetery near	LOCATION (City, town, or county) (State) Tilghmanton Wash. Co. Md
DATE REC'D BY LOCAL REG. Sept. 4 1950	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown Md.

27891

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09617

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY in this place: 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 1821 Virginia Avenue

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Beckenbaugh (Last) Hicks

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-13-1869

9. AGE last birthday: 80 yrs. If under 1 year: Months 9 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fairview, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Hicks

14. MOTHER'S MAIDEN NAME: Elizabeth Metcalf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mrs. William B. Hicks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Peri-renal abscess	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aortic stenosis	yrs.
	(c) Arteriosclerosis	yrs

450.0
92a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 11, 1950

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 11 19 50 to Sept. 20, 19 50 that I last saw the deceased alive on Sept. 20, 19 50 and that death occurred at 4:50 A m., from the causes and on the date stated above.

SIGNATURE: Clyde A. Hoffman (Degree or title) M.D. ADDRESS: 214 N. Potomac St. Hagerstown, Md. DATE SIGNED: 9/21/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9-23-1950

NAME OF CEMETERY OR CREMATORY: St. Paul Cemetery

LOCATION (City, town, or county) (State): St. Paul, Maryland

DATE REC'D BY LOCAL REG.: Sept. 23, 1950

REGISTRAR'S SIGNATURE: Ethel H. Bowers

24. FUNERAL DIRECTOR ADDRESS: C.M. Suter & Sons, Hagerstown, Md.

15699

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SEP 27 1950
BUREAU V. S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09618

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville Md.
LENGTH OF STAY (in this place) 65 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Keedysville Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville Md.
STREET ADDRESS (If rural, give location) Keedysville Md.

3. NAME OF DECEASED (Type or Print) (First) Jacob (Middle) Romanus (Last) Hoover

4. DATE OF DEATH (Month) Sept. (Day) 14 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Jan. 21 1866

9. AGE last birthday 84 yrs. If under 1 year Months 7 Days 22 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman

10b. KIND OF BUSINESS OR INDUSTRY Grain Mill

11. BIRTHPLACE (State or foreign country) Fredrick Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Daniel Hoover

14. MOTHER'S MAIDEN NAME Mary Riednour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. 217-28 1025

17. INFORMANT AND ADDRESS Mr. Ellis W. Hoover Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis. — INTERVAL BETWEEN ONSET AND DEATH 10 hours.

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep. 14, 1950, to Sep. 14, 1950, that I last saw the deceased alive on Sep. 14, 1950, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry Aldis M.D. ADDRESS Shepherdstown W. Va. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Mausoleum

DATE THEREOF Sept. 17 1950

NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery

LOCATION (City, town, or county) Boonsboro (State) Md.

DATE REC'D BY LOCAL REG. Sept. 16. 50

REGISTRAR'S SIGNATURE R. H. Geeting

24. FUNERAL DIRECTOR Edith V. Leaf Williamsport Md. ADDRESS

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SEP 19 1950
BUREAU V. S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Beachley

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 327 West Antietam St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 327 West Antietam St

3. NAME OF DECEASED (Type or Print) (First) HATTIE (Middle) MYRTLE (Last) HUFF

4. DATE OF DEATH (Month) (Day) (Year) Sept 14 1950 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 31 1882
9. AGE last birthday 68 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Hagerstown Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William H. Cramer
14. MOTHER'S MAIDEN NAME Elizabeth Borne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) --
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Harry E. Huff 407 West Antietam St. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 mp.

422.1 Antecedent cause(s) (b) Coronal Arteriosclerosis — 5 yrs.

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep 1st, 1950, to Sept 14th, 1950, that I last saw the deceased alive on Sept 14, 1950, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE J. H. Beachley (Degree or title) M.D. ADDRESS Hagerstown, Md DATE SIGNED Sept 16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9/16/50
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG. Sept. 16, 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

RECEIVED
SEP 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09620

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 27 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Marbern Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 6 Marbern Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Shaw (Last) Hutson

4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Jan. 1, 1874

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance agent

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Chumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Hutson

14. MOTHER'S MAIDEN NAME: Mehalie Kinnear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-05-8794

17. INFORMANT AND ADDRESS: Sarah A. Hutson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage	15 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	arteriosclerosis	15 yrs
	(c)		

331X
83a

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15, 1950, to 9/16, 1950 that I last saw the deceased alive on 9/15, 1950, and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

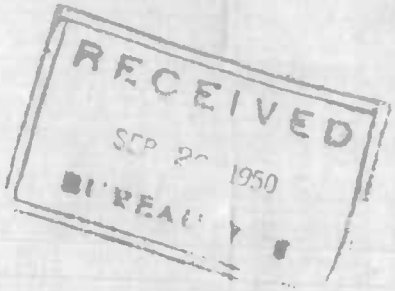
O. H. Binkley M.D. Hagerstown Md 9/18/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9-18-50
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE RECD BY LOCAL REG. 9/18.1950
REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS: Scott F. Minnich & Son Hagerstown

27480


RECEIVED
SEP 20 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09621

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 52 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) A. (Last) Hyder

4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 1950

5. SEX: Female c

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 8, 1864

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----

17. INFORMANT AND ADDRESS: Wash. County Home Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage. — 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Hypertensive Cardio Vascular renal disease — 4 yrs

4421
1310

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Sept 14, 1950, that I last saw the deceased alive on Sept 13, 1950, and that death occurred at 12:05 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ernest J Porter M.D. Physician Hagerstown Md. 9/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Sept 16, 1950

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Sept 15, 1950

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son

ADDRESS: Hag. Md.

VS. A15

RECEIVED
SEP 18 1950
BUREAU V. S

09622

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 29 North Avenue

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) Bernard (Last) Keezell

4. DATE OF DEATH (Month) Sept. (Day) 9 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-7-1888
9. AGE last birthday 62 yrs. If under 1 year Months 0 Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Guard
10b. KIND OF BUSINESS OR INDUSTRY Fairchild Airplane Corporation
11. BIRTHPLACE (State or foreign country) Rockingham Co. Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George B. Keezell
14. MOTHER'S MAIDEN NAME M. Kate Hannah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 230-20-1123
17. INFORMANT AND ADDRESS Mrs. Walter B. Keezell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphosarcoma, Mediastinal — INTERVAL BETWEEN ONSET AND DEATH 6 mos

200.1
47f

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3.1.50, 19....., to 9.9.50, 19....., that I last saw the deceased alive on 9/8/50, 19....., and that death occurred at 4.00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Earl Young MD ADDRESS Hagerstown, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 9-9-1950
NAME OF CEMETERY OR CREMATORY Keezletown Cemetery
LOCATION (City, town, or county) Rockingham County (State) Va.

DATE REC'D BY LOCAL REG. Sept 9. 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md. ADDRESS

602.38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1
BUREAU

Evidence for change in #8 & #9 as shown in

09623

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 1 SEP 14 1950

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
LENGTH OF STAY (in this place): 46 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 101 S. POTOMAC ST.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
STREET ADDRESS (If rural, give location): 101 S. POTOMAC ST.

3. NAME OF DECEASED (Type or Print): (First) BLANCHE (Middle) VIRGINIA (Last) KROHBERGER

4. DATE OF DEATH: (Month) Sept. (Day) 3 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: ~~9/15/50~~ 6/26/81

9. AGE last birthday: 69 ~~70~~ yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ROBERT SUPINGER

14. MOTHER'S MAIDEN NAME: ALBERTA MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: MR. WM. W. KROHBERGER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic myocardial heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Vascular hypertension — 12 yrs.

(c) Chronic glomerular nephritis

592X
131b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Acute Coronary occlusion, Bronchial asthma

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: NO

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): NO m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 9, 1949, to Sept. 3, 1950, that I last saw the deceased alive on 9-1, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. Robert Neff, M.D. ADDRESS: 115 N. Potomac St. Hagerstown, Md. DATE SIGNED: 9/5/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: 9/6/50 — NAME OF CEMETERY OR CREMATORY: REST HAVEN CEM. — LOCATION (City, town, or county) (State): HAGERSTOWN, MD.

DATE RECD BY LOCAL REG.: Sept. 5, 1950 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: W.T. NORMENT — ADDRESS: HAGERSTOWN, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 7 1950
BUREAU U. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09624

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
LENGTH OF STAY (in this place) 44 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 31 E. Salisbury St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) 31 E. Salisbury Street

3. NAME OF DECEASED (Type or Print) (First) Edgar (Middle) Ross (Last) Lemen
4. DATE OF DEATH (Month) Sept. (Day) 20 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 29 1877
9. AGE last birthday 73 yrs. If under 1 year Months 8 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter
10b. KIND OF BUSINESS OR INDUSTRY Mills Store
11. BIRTHPLACE (State or foreign country) W. Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Nicholas Lemen
14. MOTHER'S MAIDEN NAME Jennie Shupp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 217-07-9210 A
17. INFORMANT AND ADDRESS 31 E. Salisbury St Mrs. Fannie Lemen Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis Chronic — INTERVAL BETWEEN ONSET AND DEATH 1 years.

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1950, to Sept 20, 1950, that I last saw the deceased alive on Sept 20, 1950, and that death occurred at 2 20 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Williamsport DATE SIGNED Sept. 21, 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 24 1950
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REG. Sept 24-1950
REGISTRAR'S SIGNATURE E. Lee McElroy
24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport Md.

45261

RECEIVED
SEP 27 1950
BUREAU V. S

11:10 P.M.

09625

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Pennsylvania COUNTY: Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Maugansville — LENGTH OF STAY (in this place): 1 year	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greencastle
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maugansville Mennonite Home	STREET ADDRESS (If rural, give location): No. Allison St.

3. NAME OF DECEASED (Type or Print)	(First) Florence	(Middle) L.	(Last) Lesher	4. DATE OF DEATH	(Month) Sept. (Day) 18 (Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Aug. 26, 1866	9. AGE last birthday: 84 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: ? McCartin	14. MOTHER'S MAIDEN NAME: ? Ledy				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: A.E. Minnich, Greencastle, Penna.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
492	Immediate cause	(a) Pneumonia (Neon Type)	one wk
	Antecedent cause(s)		
109	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	5 yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1950, to Sept 18, 1950, that I last saw the deceased alive on Sept 17, 1950, and that death occurred at 11:10 P.M. m., from the causes and on the date stated above.

SIGNATURE: S. E. W. Ditty (Degree or title) ADDRESS: Hagerstown Md. DATE SIGNED: 9/19/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Aug. 21, 1950	NAME OF CEMETERY OR CREMATORY: Reiff Mennonite Cem.	LOCATION (City, town, or county) (State): Cearfoss Md.
DATE REC'D BY LOCAL REG.: Chas H Bowers	REGISTRAR'S SIGNATURE: Chas H Bowers	24. FUNERAL DIRECTOR: W.T. Norment	ADDRESS: Hagerstown, Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21 1950
BUREAU

09626

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaverdale; LENGTH OF STAY (in this place) one week; HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock; STREET ADDRESS (If rural, give location) High Street

3. NAME OF DECEASED (Type or Print): (First) Oda (Middle) Grace (Last) Lynch

4. DATE OF DEATH (Month) (Day) (Year): September 14. 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 14 - 1902

9. AGE last birthday: 47-11-0 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Bishop

14. MOTHER'S MAIDEN NAME: Bertie Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY No.: None.

17. INFORMANT AND ADDRESS: Mrs. Richard Zeff Boonsboro Md. R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

007x **Immediate cause** (a) Tuberculosis of throat — Interval between onset and death: 1 month

45f **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1950, to Sept 14, 1950, that I last saw the deceased alive on Sept 13, 1950, and that death occurred at 12.30 P. m., from the causes and on the date stated above.

SIGNATURE: G W Lillan (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 9/15/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Sept 17. 1950 | NAME OF CEMETERY OR CREMATORY: Presbyterian Cemetery | LOCATION (City, town, or county) (State): Hancock. Md.

DATE REC'D BY LOCAL REG.: Sept 16. 1950 | REGISTRAR'S SIGNATURE: John D. Bast | 24. FUNERAL DIRECTOR ADDRESS: Wm D. Bast & Sons Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 19 1950
BUREAU OF S

Dr. Jenner

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09627

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Downsville
LENGTH OF STAY (In this place): 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Downsville Md

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Downsville
STREET ADDRESS (If rural, give location): Downsville Md

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) May (Last) Marshall

4. DATE OF DEATH: (Month) September (Day) 10. (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 11, 1874
9. AGE last birthday: 76-0-29 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Antietam Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James F. Jamison
14. MOTHER'S MAIDEN NAME: Mary Crampton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None.
17. INFORMANT AND ADDRESS: J. Frank Marshall Downsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	24 hours
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Cerebral Hemorrhage	4 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1950, to Sept 11, 1950, that I last saw the deceased alive on Sept 11, 1950, and that death occurred at 4 P.M. m., from the causes and on the date stated above.

SIGNATURE: J. Wenneway — (Degree or title) M.D. — ADDRESS: Williamsport — DATE SIGNED: Sept. 12, 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Sept. 13. 1950
NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
LOCATION (City, town, or county) (State): Sharpsburg Wash. Co. Md

DATE REC'D BY LOCAL REG.: Sept 12-50
REGISTRAR'S SIGNATURE: E Lee McElroy
24. FUNERAL DIRECTOR: Wm. F. Bast & Sons — ADDRESS: Boonsboro Md

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COUNTERSIGNED WASH

Sept. 5, 1950

S. Robert Wells MD

DEPUTY MEDICAL EXAM.

Dr. Sprecher

122 B 09628

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington, WASH. CO., MD, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Cty. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 70½ E. Antietam St

3. NAME OF DECEASED (Type or Print) (First) Laura (Middle) Gertrude (Last) Middlekauff

4. DATE OF DEATH (Month) Sept. (Day) 3, (Year) 50

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH Aug. 3, 1864

9. AGE last birthday 86 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Beaver Creek, Wash. Co., Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME George W. Orrick

14. MOTHER'S MAIDEN NAME Amelia Brinning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) --

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS Mrs. Norman Barnes 916 Kuhn Ave Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia (Renal failure)	96 hrs.
903.0 Antecedent cause(s)		
186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardio-vascular renal D.	20 yrs.
	(c) Inter-trochanteric fracture of left hip	4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Senile psychosis, Chronic cystitis

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN) Hagerstown, (COUNTY) Washington, (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) May 15, 1950 A. m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Slipped & fell on wet floor at home

22. I hereby certify that I attended the deceased from May 15, 1950, to Sept. 3, 1950, that I last saw the deceased alive on Sept. 3, 1950, and that death occurred at 4:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Omar D. Sprecher Jr., M.D. ADDRESS 314 N. Potomac St. Hagerstown Md. DATE SIGNED 9/4/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 9-5-1950

NAME OF CEMETERY OR CREMATORY Dunkard Cemetery

LOCATION (City, town, or county) Wash. Co. (State) Beaver Creek, Md.

DATE REC'D BY LOCAL REG. Sept 5, 1950

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman, ADDRESS Hagerstown, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A17

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BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09629

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 5 mos 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg
STREET ADDRESS (If rural, give location) Maple Ave

3. NAME OF DECEASED (Type or Print): (First) Vallie (Middle) Etta (Last) Miller

4. DATE OF DEATH: (Month) Sept. (Day) 2 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 3 1855

9. AGE last birthday: 95 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Elizabeth Garver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Ritchie State Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis, Generalized — Interval Between Onset and Death: Unknown

4502.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1950, to Sept. 2, 1950, that I last saw the deceased alive on Sept. 1, 1950, and that death occurred at 3 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William B. Burch M.D. - Ritchie State Hospital - Cascade Md. 9-2-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept 5-50

NAME OF CEMETERY OR CREMATORY: Schippensburg

LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: Sept 2-50

REGISTRAR'S SIGNATURE: Geo W Ferguson

24. FUNERAL DIRECTOR: Ted B Hoover ADDRESS: Smithsburg

RECEIVED
SEP 5 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09630

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 61 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 647 S. Potomac St.

3. NAME OF DECEASED (Type or Print) (First) Anges (Middle) Catherine (Last) Mobley

4. DATE OF DEATH (Month) Sept (Day) 18 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH Apr. 5, 1889

9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Conrad Kreitz

14. MOTHER'S MAIDEN NAME Mary E. Moran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ---

17. INFORMANT AND ADDRESS E. Leister Mobley Sr. Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3½ mo
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) arterio Sclerosis	10 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/29 1950 to 9/18 1950, that I last saw the deceased alive on 9/18 1950 and that death occurred at 8:45p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
O. T. Binkley	M.D.	Hagerstown, Md	9/20/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 21-50	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 20 1950	Chas. H. Bowers	Scott F. Minnich & Son	Hag. Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 22 1950
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09631

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Magruder (Middle) Andrew (Last) Montgomery

4. DATE OF DEATH (Month) Sept. (Day) 25 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated

8. DATE OF BIRTH Aug. 23, 1885

9. AGE last birthday 65 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Montgomery

14. MOTHER'S MAIDEN NAME Eliza Gates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk.

16. SOCIAL SECURITY NO. unk.

17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

350X Immediate cause (a) Paralysis Agitans (Parkinsonism) 23 yrs.

87c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 29, 1947, to Sept. 25, 1950, that I last saw the deceased alive on Sept. 25, 1950, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE Daniel Lai (Degree or title) M.D. ADDRESS Ritchie Hospital, Cascade, Md. DATE SIGNED 9/26/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 9/28/50 NAME OF CEMETERY OR CREMATORY Oakland LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 9/26/50 REGISTRAR'S SIGNATURE John R Rathvan Dep Local Registrar

24. FUNERAL DIRECTOR Houtt & Ryan, Waldorf, Md ADDRESS

Per J.E.A.

RECEIVED
SEP 29 1950
BUREAU V.S.

09632

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jamison Cold Storage Door Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 920 Summit Ave.

3. NAME OF DECEASED (Type or Print) (First) JESSE (Middle) MARTIN (Last) MOORE
4. DATE OF DEATH (Month) Sept. (Day) 5, (Year) 1950 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 2, 1885
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Man
10b. KIND OF BUSINESS OR INDUSTRY Jamison Door Co.
11. BIRTHPLACE (State or foreign country) Indian Springs Wash. Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Moore
14. MOTHER'S MAIDEN NAME Susan Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. 215-05-2283
17. INFORMANT Mrs. Rhoda M. Moore 920 Summit Ave. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Arterio sclerotic myocardial heart disease

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Acute coronary occlusion

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells, M.D. (Degree of title) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED 9-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-7-50
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Clearsping Wash. Co. Md.

DATE REC'D BY LOCAL REG. Sept. 7, 1950
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown, Md.

98630

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 11 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09633

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mapleville; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mapleville; STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print): (First) Jonas (Middle) Mathias (Last) Moser.

4. DATE OF DEATH: (Month) September (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 8, 1866

9. AGE last birthday: 84-8-0 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Mapleville Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Enza V. Moser.

14. MOTHER'S MAIDEN NAME: Rozeann Wallick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None.

17. INFORMANT AND ADDRESS: Mrs. Myrtle Moser Mapleville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis. — Interval Between Onset and Death: 6 mos

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932 (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 3, 1950, to Sept 8, 1950, that I last saw the deceased alive on Sept 8, 1950, and that death occurred at 1-20 P. m., from the causes and on the date stated above.

SIGNATURE C. W. Libby (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 9/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Sept. 11. 1950 — NAME OF CEMETERY OR CREMATORY Fahrneys Cemetery — LOCATION (City, town, or county) (State) near Mapleville Md.

DATE REC'D BY LOCAL REG. Sept. 10. 1950 — REGISTRAR'S SIGNATURE John W. Bast — 24. FUNERAL DIRECTOR Wm. J. Bast & Sons ADDRESS Boonsboro Md

866 VV

RECEIVED
SEP 15 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09634

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 76 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cor. Cleveland & Liberty

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 652 Liberty St.

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) W (Last) Munson

4. DATE OF DEATH: (Month) Sept (Day) 30 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Sept 3, 1874	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Hagerstown Md.	

13. FATHER'S NAME: Jihn F. Munson

14. MOTHER'S MAIDEN NAME: Nacy Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. -------

17. INFORMANT: Mrs. Rocco Zappocosta Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic myocardial	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) heart disease -	
	(c) Myocardial heart failure grade IV	

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S. Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. 115 N. Potomac St. Hagerstown, Md. 10/2/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 3 1950	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 3, 1950	Oscar H. Bowers	Scott F. Minnich & Son	Hag. Md.

866 VV

RECEIVED
OCT 5 1950
BUREAU Y. S

MARYLAND STATE DEPARTMENT OF HEALTH Dr Wells 09635

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 645 Oak Hill Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 645 Oak Hill Ave

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ANN (Last) MURPHY

4. DATE OF DEATH (Month) (Day) (Year) Sept 10 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Female	White	Widow	Apr 6 1866	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Manchester England	U.S.A.

13. FATHER'S NAME Patrick McKenna

14. MOTHER'S MAIDEN NAME Mary Lawless

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs Anne Godfrey 645 Oak Hill Ave Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arterio sclerotic Myocardial	10 yrs
422.1 Antecedent cause(s)	(b) Heart disease	
932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Myocardial degeneration +	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Failure grade IV	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NO		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NO				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
NO m.		

22. I hereby certify that I attended the deceased from June, 1949, to 9-10, 1950, that I last saw the deceased alive on 9-10, 1950, and that death occurred at 12:55 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. Robert Wells	M.D.	Hagerstown Md	Sept. 10-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or township) New Hampshire
Removal	9/11/50	St Joseph Cemetery	Manchester Hillsboro Co

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 10. 1950	Chas H Bowers	Andrew K. Coffman	Hagerstown Md.

RECEIVED
SEP 13 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr Welty

05636

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 5 Wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 934 Corbett St.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) ISAAC (Last) NEEDY Sr

4. DATE OF DEATH: (Month) September (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 27 1877

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer- Owner

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): White Hall Wash. Co. Md

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Isaac Needy

14. MOTHER'S MAIDEN NAME: Catherine E. Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): --

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: William Needy 609 Sunset Ave Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Carcinoma, Left upper lobe of Lung — Interval between onset and death: 1 year

Antecedent cause(s)

472

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Peri Rectal Abscess — 3 wks.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Sept. 8, 1950, that I last saw the deceased alive on Sept. 8, 1950, and that death occurred at 7:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dalton M. Welty M.D. Hagerstown, Md Sept 11, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 9/11/50 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG.: Sept 11 1950 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman / Hagerstown Md

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SEP 13 1950
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09637

Dr. Wells

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R. R. 6
LENGTH OF STAY (in this place): 9 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cearfoss Pike

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R.R.# 6
STREET ADDRESS (If rural, give location): Cearfoss Pike

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) EVA (Last) PALMER

4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 10 1881

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Kemps Mill Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franklin Rickard

14. MOTHER'S MAIDEN NAME: Mary Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: John W. Palmer Hagerstown R.R.6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 **Immediate cause** (a) Arteria sclerotic myocardial Heart Disease — Interval between onset and death: 10 yrs

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Hemorrhage — 7 wks

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to 9-1, 1950, that I last saw the deceased alive on 8-31, 1950, and that death occurred at 8:55 A EDT m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P. Robert Wells M.D. 115 N. Potomac St. Hagerstown Md. Sept. 1 '50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 9/3/50 — NAME OF CEMETERY OR CREMATORY: Rest Haven — LOCATION (City, town, or county) (State): Hagerstown Maryland

DATE REC'D BY LOCAL REG.: Sept. 2 1950 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

VS. A15

RECEIVED
SEP 5 1950
BUREAU V. S

09638

Dr Porterfield

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 38 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 210 Frederick St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 210 frederick St.

3. NAME OF DECEASED (Type or Print): (First) RUSSELL (Middle) ISAAC (Last) PENTZ

4. DATE OF DEATH: (Month) (Day) (Year) Sept 14 1950 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 25 1873

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Interior Decorator

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Le Moyne Cumberland Co. Pa. U.S.A

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaac Pentz

14. MOTHER'S MAIDEN NAME: Sarah Prosser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Mildred Pentz 210 Frederick St Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	9/4/50
331X Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis generalized	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4, 1950, to 9/14, 1950, that I last saw the deceased alive on 9/14, 1950, and that death occurred at 6:20 A m., from the causes and on the date stated above.

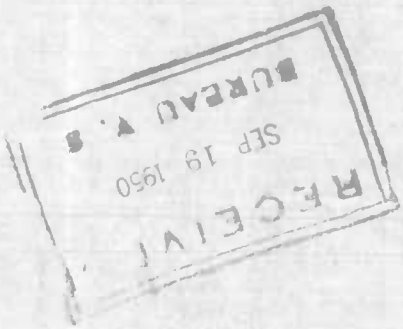
SIGNATURE (Degree or title): N. S. Porterfield M.D. — ADDRESS: 136 W Washington St — DATE SIGNED: 9/14/00

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 9/16/50 — NAME OF CEMETERY OR CREMATORY: Rest Haven cemetery — LOCATION (City, town, or county) (State): Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG.: Sept. 16 1950 — REGISTRAR'S SIGNATURE: Blair H Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md.

34079


RECEIVED
SEP 19 1950
BUREAU V. S.

09639

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH · COUNTY Washington County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Washington COUNTY md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Pondsville Rural — LENGTH OF STAY (in this place) All her life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Pondsville Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS None	STREET ADDRESS (If rural give location) Country None / Home · Rural

3. NAME OF DECEASED (Type or Print) (First) Sarah. (Middle) Catherine (Last) Powles.				4. DATE OF DEATH (Month) 9 (Day) 18 (Year) 1950			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 26-1879	9. AGE last birthday 71. yrs.	If under 1 year Months 5	Days 23	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Keeping House	10b. KIND OF BUSINESS OR INDUSTRY House. Keeping		11. BIRTHPLACE (State or foreign country) Near Pondsville Wash Co Md		12. CITIZEN OF WHAT COUNTRY? W.S.		
13. FATHER'S NAME Ezra Hurd.			14. MOTHER'S MAIDEN NAME Lena - Fox				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no.		16. SOCIAL SECURITY No. none	17. INFORMANT Samuel Powles.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

15 IX Immediate cause (a) Cancer of the Stomach — Unknown

46b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) —	(COUNTY) —	(STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from July, 1950, to Sept, 1950, that I last saw the deceased alive on 9/15, 1950, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Burial John Dean Wilson	MD.	Smithsburg Md.	9/16/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept 20th 1950	Smithsburg Cemetery	Smithsburg Md	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 19-50	Geo. W Ferguson	Geo B. Hoover	Smithsburg md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21 1950
BUREAU

09640

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 20 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mitchell Ave. N. Y. Central Iron Works

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 348 So. Cleveland Avenue

3. NAME OF DECEASED (Type or Print): (First) Oliver (Middle) Richard (Last) Pryor
4. DATE OF DEATH: (Month) Sept. (Day) 25, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 21, 1881
9. AGE last birthday: 69 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Steel Fact.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter Columbus Pryor
14. MOTHER'S MAIDEN NAME: Catherine Sensenbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 214-09-8371
17. INFORMANT: Mrs. Josephine Metcalf

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary occlusion

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Arteria-sclerotic myocardial heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Died suddenly at work

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
S. Robert Wells M.D. DEPUTY MEDICAL EXAMINER WASH. CO. MD. 3 N. Potomac St. Hagerstown, Md. 9/26/50

23. BURIAL, CREMATION, REMOVAL. (Specify): Burial | DATE THEREOF: Sept. 27, 1950 | NAME OF CEMETERY OR CREMATORY: St. Marks Lutheran | LOCATION (City, town, or county) (State): Wolfesville, Maryland

DATE REC'D BY LOCAL REG. Sept. 27, 1950 | REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: Fred W. Kraiss — ADDRESS: Hagerstown, Md.

98829

VS-A15A

RECEIVED
SEP 29 1959
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09641

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (In this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 West Franklin St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 111 W. Franklin Street

3. NAME OF DECEASED (Type or Print) (First) ~~ARMITA~~ Arminta (Middle) MYRTLE (Last) REEDER

4. DATE OF DEATH (Month) 9 (Day) 29 (Year) 1950

5. SEX Female — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH 4-1-1893 — 9. AGE last birthday 57 yrs. — If under 1 year Months. Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife — 10b. KIND OF BUSINESS OR INDUSTRY Own Home — 11. BIRTHPLACE (State or foreign country) West Virginia — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Levi Franklin Murray — 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) — 16. SOCIAL SECURITY No. None — 17. INFORMANT AND ADDRESS Norman D. Reeder, 111 W. Franklin St. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malnutrition — 3-4 mo.

154X Antecedent cause(s)

46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intestinal obstruction, high due to adhesions and — 3 mo.

(c) Carcinomatosis generalized. Also 1Ca of rectum

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6-23-50 — 19b. MAJOR FINDINGS OF OPERATION as in I and II — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to 9-29, 1950, that I last saw the deceased alive on 9-28, 1950, and that death occurred at 2:15A m., from the causes and on the date stated above.

SIGNATURE Robert F. Keadle (Degree or title) MD — ADDRESS — DATE SIGNED

ROBERT F. KEADLE
132 W. WASHINGTON ST.
HAGERSTOWN, MARYLAND

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 10-1-50 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) Frederick, Maryland (State)

DATE REC'D BY LOCAL REG. Sept. 29. 1950 — REGISTRAR'S SIGNATURE Chas. N. Bowers — 24. FUNERAL DIRECTOR M. R. Elchison & Son, Frederick, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 2 1950
BUREAU

09642

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halfway Hagerstown Md. — LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 119 Rossner Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halfway Hagerstown Md.
STREET ADDRESS (If rural, give location) 119 Rossner Ave. Halfway

3. NAME OF DECEASED (Type or Print): (First) Ivan (Middle) C (Last) Reid

4. DATE OF DEATH: (Month) Sept. (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married.

8. DATE OF BIRTH: Feb 23 1887

9. AGE last birthday: 63 yrs. — If under 1 year: Months 11 Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Furniture Beachleys Co.

11. BIRTHPLACE (State or foreign country): Monroe Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Reid

14. MOTHER'S MAIDEN NAME: Helen Arts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 215-09-7411

17. INFORMANT AND ADDRESS: Mrs. Alice Reid 119 Rossner Ave. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

191 X — Immediate cause (a) Acute pulmonary artery embolism

53 — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malignancy left leg with metastasis to abdominal viscera

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 24, 1949

19b. MAJOR FINDINGS OF OPERATION: Amputation of leg for skin malignancy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 2, 19 44 to Sept 24, 19 50, that I last saw the deceased alive on Sept. 23, 19 50, and that death occurred at 4:55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Robert Wells M.D. — ADDRESS 115 N. Potomac Hagerstown, Md. — DATE SIGNED 9/25/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 27 1950 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Sept. 27, 1950 — REGISTRAR'S SIGNATURE: Elias A. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Albert L. Leaf Rossner Ave. Hag. Md.

60267

RECEIVED
SEP 30 1950
BUREAU Y. S

09643

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 20 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural, give location) Fountain Head Hgts.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Infant son of William H. Reisner Jr.

4. DATE OF DEATH (Month) (Day) (Year) Sept, 18 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Seot 18,1950
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William H. Reisner Jr.
14. MOTHER'S MAIDEN NAME Dorthy Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -----
17. INFORMANT AND ADDRESS William H. Reisner Jr. Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congenital Malformation Teratoma	None
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

759.3
157m

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/18/50, 19....., to 9/18/50, 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2:22p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Earl Young MD Hagerstown Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept.19.-50
NAME OF CEMETERY OR CREMATORY Big Cove Cemetery
LOCATION (City, town, or county) McConnellsburg (State) Pa.

DATE REC'D BY LOCAL REG. Sept. 19 1950
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

2-0-9-18-0-24-1-40-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21 1950
BUREAU V. S

Evidence for addition of 21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09644

CERTIFICATE OF DEATH

Reg. Dist. No. 305

FILE No. G 1-1 APR 3 1951

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: San Mar. — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fahrney Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Union Bridge. Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Anne (Last) Pitler

4. DATE OF DEATH: (Month) September (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 20-1864

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days / Hours / Min. — If under 24 hrs.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Carroll Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Sawbon

14. MOTHER'S MAIDEN NAME: Anne Hurst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Carl Pitler Washington N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalize arteriosclerosis — Interval between onset and death: 3yrs

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Fracture of left hip - — 8 months

(c)

904.7
1860

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): Fahrney Memorial Home, San Mar, Boonsboro, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? fell getting out of bed (4/3/51 akc)

22. I hereby certify that I attended the deceased from Jan 10, 1950, to Sept 25, 1950, that I last saw the deceased alive on Sept 23, 1950, and that death occurred at 10:15 A m., from the causes and on the date stated above.

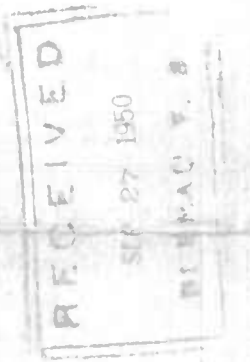
SIGNATURE: [signature] (Degree or title): M. D. ADDRESS: Boonsboro DATE SIGNED: 9/25/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept 27-50 — NAME OF CEMETERY OR CREMATORY: Mt Whitefield — LOCATION (City, town, or county): Union Bridge — (State): Md

DATE REC'D BY LOCAL REG.: Sept. 25. 1950 — REGISTRAR'S SIGNATURE: John H. Bart

24. FUNERAL DIRECTOR: Raymond K Wright — ADDRESS: Union Bridge Md.

Iowan



09645

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (In this place) 16 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. Maryland COUNTY Franklin Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md. Green Castle
STREET ADDRESS (If rural, give location) Washington Co. Hospital 606 Franklin St

3. NAME OF DECEASED (Type or Print) (First) SUSANNE (Middle) MARIE (Last) SIGLER
4. DATE OF DEATH (Month) SEPT. (Day) 12 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 8-26-50
9. AGE last birthday — yrs. If under 1 year: Months. Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Layton Sigler
14. MOTHER'S MAIDEN NAME Anna Lee Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Layton Sigler, Greencastle, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776X Immediate cause (a) Prematurity — 14 days

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26, 1950, to 9/12, 1950, that I last saw the deceased alive on 9/12, 1950, and that death occurred at 11:00 P m., from the causes and on the date stated above.

SIGNATURE W. Stromberg (Degree or title) M.D. ADDRESS Washington County Hosp. Hagerstown Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) B
DATE 9-14-50
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Greencastle, Pa. (State)

DATE REC'D BY LOCAL REG. Sept. 14, 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR A. E. Minnich ADDRESS Greencastle Pa.

2-0-8-26-0-21-1-36-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 18 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09646

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Locust Grove. Rural — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rohersville Md. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Locust Grove Rural
STREET ADDRESS (If rural, give location): Rohersville Md. R.1

3. NAME OF DECEASED (Type or Print) (First) Barbara (Middle) Ellen (Last) Smith

4. DATE OF DEATH (Month) September (Day) 13. (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 3, 1878
9. AGE last birthday: 72-1-10 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Locust Grove Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John R. Dick
14. MOTHER'S MAIDEN NAME: Sophia Rohrer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: none.
17. INFORMANT AND ADDRESS: Martin Luther Smith Rohersville Md R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Haemorrhage — 27 hrs

331A Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1950, to Sept 13, 1950, that I last saw the deceased alive on Sept 12, 1950, and that death occurred at 3-P- m., from the causes and on the date stated above.

SIGNATURE: G W LeVay — (Degree or title) M.D — ADDRESS: Boonsboro — DATE SIGNED: 9/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Sept. 16. 1950 — NAME OF CEMETERY OR CREMATORY: Locust Grove Cemetery — LOCATION (City, town, or county) (State): Locust Grove Wash. Co. Md.

DATE REC'D BY LOCAL REG.: Sept 14, 50 — REGISTRAR'S SIGNATURE: Mrs Katherine Dagenhart — 24. FUNERAL DIRECTOR: Wm. J. Bast & Sons — ADDRESS: Boonsboro Md

RECEIVED
SEP 18 1950
BUREAU V. S

Evidence for change of birth date shown on for cause of death -10-27-50

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09647

FILM No. G 128 OCT 20 1950

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Rte 1; LENGTH OF STAY (In this place) 1 Yr; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna — COUNTY Bedford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Artemas R.D. Mann Twp; STREET ADDRESS (If rural, give location) Bedford Pa

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) Wayne (Last) Smith

4. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1907 ~~1904~~ 1/19

9. AGE last birthday: 43 yrs. — If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodworker

10b. KIND OF BUSINESS OR INDUSTRY: Forestry

11. BIRTHPLACE (State or foreign country): Mann Twp Bedford Co Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Smith

14. MOTHER'S MAIDEN NAME: Laura Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Myron Crowe - Hancock, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull

910.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hemorrhage & shock

1752 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Industry (CITY OR TOWN) Hancock, (COUNTY) Wash. Co. Md. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 23 50 2:30 p.m. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Struck on head by large dead limb of tree he was helping to cut down. (10-27-50 - ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE AND DEGREE OF MEDICAL EXAM. ADDRESS: S. Robert Wells M.D. WASH. CO., MD. Hagerstown, Md. — DATE SIGNED: Sept. 23 '50

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 9-23-50 — NAME OF CEMETERY OR CREMATORY: Fairview Cemetery — LOCATION (City, town, or county) (State): Mann Twp, Bedford Co, Pa

DATE REC'D BY LOCAL REG. Sept. 23. 1950 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR AND ADDRESS: Joseph W. Stewart, Everett Pa

4960

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 27 1950
BUREAU [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09648

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 22 yrs. MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 760 Weldon Pl. Fountain Hd. Hgts.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	G.	Walter	Smith		Sept.	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	4-14-1881	69 yrs.	6	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Feed & Grain Broker	Own business	Cove Gap, Pa.	U.S.A.

13. FATHER'S NAME: J. Harvey Smith

14. MOTHER'S MAIDEN NAME: Elizabeth Ensminger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. G. Walter Smith, Hagerstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	9/20/50
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	9/25/50
94a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/20, 1950, to 9/25, 1950, that I last saw the deceased alive on 9/25, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. S. Porterfield	M.D.	136 W Washington St.	9/26/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-28-1950	Cedar Grove Cemetery	Chambersburg, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Sept. 27 1950	Chas. H. Bowers,	C.M. Suter & Sons, Hagerstown, Md.

15060

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 29 1960
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09649

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY ~~Hagerstown~~ Washn. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 58 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 313 N. Cannon Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Howe (Last) Snyder

4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 18, 1871

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Shoe Store

11. BIRTHPLACE (State or foreign country): Fiddlersburg Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob H. Snyder

14. MOTHER'S MAIDEN NAME: Mary Spessard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Miss Bessie E. Snyder Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Arteriosclerotic Heart Disease	14+
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Adenocarcinoma of Prostate	2 months
(c)		

177x
51b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 7, 1950, to Sept. 19, 1950, that I last saw the deceased alive on Sept. 19, 1950, and that death occurred at 4:40 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. Howard Yeager M.D. Hagerstown, Md. Sept. 20, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept. 21, -50
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Sept. 21, 1950
REGISTRAR'S SIGNATURE: Ethel V. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son ADDRESS: Hag. Md.

74066

RECEIVED
SEP 23 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09650

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 226 North Locust Street

3. NAME OF DECEASED (Type or Print): (First) Guy (Middle) Maxim (Last) Spielman, Sr.

4. DATE OF DEATH: (Month) Sept. (Day) 13 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-1-1886

9. AGE last birthday: 63 yrs. If under 1 year: Months 11 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Delicatessen

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Henry Spielman

14. MOTHER'S MAIDEN NAME: Susan Ann Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-7252

17. INFORMANT AND ADDRESS: Mrs. Guy M. Spielman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 48 hrs.

331K 940 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Occlusion — 1 Yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Sept 13, 1950, that I last saw the deceased alive on Sept 13, 1950, and that death occurred at 8 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Guy M Spielman MD

ADDRESS Hagerstown Md

DATE SIGNED 9/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 9-15-1950

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Sept. 15, 1950

REGISTRAR'S SIGNATURE: Thos H Bowers

24. FUNERAL DIRECTOR ADDRESS: C.M. Suter & Sons, Hagerstown, Md.

26961

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 18 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09651

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mondel Rural
STREET ADDRESS (If rural, give location) Sharpsburg R. 1.

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) (Last) Summers

4. DATE OF DEATH: (Month) September (Day) 14 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 18, 1873

9. AGE last birthday: 77-6-26 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House keeper

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Sharpsburg Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY No. None.

17. INFORMANT AND ADDRESS: Miss Katherine Knodle Hagerstown Md. R. 6.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) High Intestinal obstruction

153X Antecedent cause(s) (b) Cause undetermined. Possibly

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Carcinoma of small bowel

INTERVAL BETWEEN ONSET AND DEATH: 12 days.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Arteriosclerotic heart disease — 5 yrs. plus

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/3, 1950, to 9/14, 1950, that I last saw the deceased alive on 9/13, 1950, and that death occurred at 4 A.M. m., from the causes and on the date stated above.

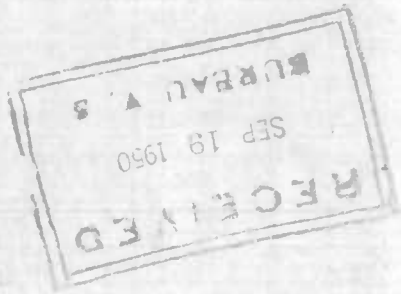
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter H. Shealy M.D. Sharpsburg Md 9/15/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial. DATE Sept. 16. 1950 NAME OF CEMETERY OR CREMATORY Sharpsburg. LOCATION (City, town, or county) (State) Sharpsburg Wash. Co. Md.

DATE REC'D BY LOCAL REG. Sept. 16. 1950 REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Wm. J. Bast & Sons ADDRESS Boonsboro Md


RECEIVED
SEP 19 1950
BUREAU V. S

09652

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 38 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 417 W. Antietam Street	STREET ADDRESS (If rural, give location) 417 W. Antietam Street

3. NAME OF DECEASED (Type or Print)	(First) Preston	(Middle) Elmer	(Last) Sweigert	4. DATE OF DEATH	(Month) Sept. (Day) 25, (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Aug. 14, 1885	9. AGE last birthday 65 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Silk finisher	10b. KIND OF BUSINESS OR INDUSTRY Silk Mill	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Elmer Sweigert	14. MOTHER'S MAIDEN NAME Emma Vangraugh				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 217-09-9952	17. INFORMANT AND ADDRESS Kenneth S. Sweigert Hagerstown, Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Arteriosclerotic Heart Disease — 1 yr

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 26th, 1950, to Sept 25th, 1950, that I last saw the deceased alive on Sept 25, 1950, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philip J. Kirkleman	MD	Hagerstown Md	9/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Sept. 28, 1950	NAME OF CEMETERY OR CREMATORY Bakersville Cemetery	LOCATION (City, town, or county) (State) Bakersville, Maryland
DATE REC'D BY LOCAL REG. Sept. 27, 1950	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR Fred W. Kraiss	ADDRESS Hagerstown, Md.

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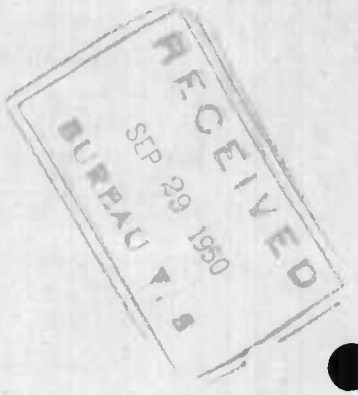
VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-13-5



Countersigned
Sept. 13-50
S. Robert Wells M.D.
DEPUTY MEDICAL EXAM.
WASH. CO., MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09653

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 weeks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville
STREET ADDRESS (If rural, give location) Main St

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Mae (Last) Thomas
4. DATE OF DEATH (Month) September (Day) 11 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 29 1872
9. AGE last birthday 78-3-12 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Boonsboro Wash. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William H. Stern
14. MOTHER'S MAIDEN NAME Annie May Bennett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. James Maddran Boonsboro Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular renal disease	5 Yrs
	(c)	

442X
186a
903.0

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intertrocanteric fracture of right hip — 3 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Keedysville (COUNTY) Washington (STATE) Md.
TIME OF INJURY (Month) Aug. (Day) 15 (Year) 1950 (Hour) 1 P. m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Slipped on walk in yard.

22. I hereby certify that I attended the deceased from 5/24/50 19....., to 9/11, 1950, that I last saw the deceased alive on 9/10/50, 19....., and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE Walter H. Shealy (Degree or title) M.D. ADDRESS Sharpsburg, Md. DATE SIGNED 9/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 13, 1950
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) Boonsboro Wash. Co. Md (State)
DATE REC'D BY LOCAL REG. Sept. 13, 1950
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Wm. J. Bast & Sons ADDRESS Boonsboro Md

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 15 1950
BUREAU V. S

RECEIVED
SEP 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09654

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Keedysville,
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Luther (Last) Thomas

4. DATE OF DEATH: (Month) Sept. (Day) 28 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 10, 1865

9. AGE last birthday: 85 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Keedysville, Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henry Thomas

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Raymond Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443X	Immediate cause	(a) Cerebral Hemorrhage	1 wk.
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardio Vascular disease	1 yr.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1950, to Sept 28 1950, that I last saw the deceased alive on Sept 27, 1950, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Ernest F Poole M.D. Physician | Hagerstown Md | 9/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept. 30, 1950 | NAME OF CEMETERY OR CREMATORY: Fair-View | LOCATION (City, town, or county) (State): Keedysville, Md

DATE REC'D BY LOCAL REG.: Sept. 29, 1950 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: R. I. Earnshaw---Keedysville, Md | ADDRESS

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 1950
BUREAU

09666

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 50 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital	STREET ADDRESS (If rural, give location) 9 North Potomac Street

3. NAME OF DECEASED (Type or Print)	(First) Harlan	(Middle) David	(Last) Thum	4. DATE OF DEATH	(Month) Sept.	(Day) 1	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 12-6-1876	9. AGE last birthday 73 yrs.	If under 1 year Months 8	Days 25	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stewart	10b. KIND OF BUSINESS OR INDUSTRY Elks' Club	11. BIRTHPLACE (State or foreign country) Boonsboro, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME David Thum		14. MOTHER'S MAIDEN NAME Christine McCrory	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 220-09-9168	17. INFORMANT AND ADDRESS Mrs. Harlan D. Thum	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Prostate	6 mo +
177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Embolism	few minutes
57 b	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 30 Aug 50	19b. MAJOR FINDINGS OF OPERATION Transurethral Resection (Carcinoma Prostate	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Aug, 1950, to 1 Sept, 1950, that I last saw the deceased alive on 1 Sept, 1950, and that death occurred at 900 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
F F Lusby	2 300 Potomac		2 Sept 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 9-4-1950	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REG. Sept. 4. 1950	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md.	ADDRESS

73294

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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RECEIVED
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BUREAU OF

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09656

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 118 Broadway

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Alice (Last) Unger

4. DATE OF DEATH (Month) Sept. (Day) 2 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 9-25-1863

9. AGE last birthday 86 yrs. If under 1 year Months 11 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Waterford, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Daniel Winer

14. MOTHER'S MAIDEN NAME Frances Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Sara Unger Watson, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Apoplexy - Hemiplegia	1 Week
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio - Vascular Disease	1 Yr.
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1950, to Sept 1, 1950, that I last saw the deceased alive on Sept 1, 1950, and that death occurred at 3:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. D. Campbell 145 W. Washington St. Hagerstown Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9-4-1950

NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery

LOCATION (City, town, or county) (State) Smithsburg, Maryland

DATE REC'D BY LOCAL REG. Sept. 4, 1950

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS C.M. Suter & Sons, Hagerstown, Md.

52086

RECEIVED
SEP 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09657

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A-15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 47 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 521 W. Franklin Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 521 W. Franklin Street

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Ellen (Last) Varner

4. DATE OF DEATH: (Month) Sept. (Day) 26, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 24, 1879

9. AGE last birthday: 70 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Michael Weaver

14. MOTHER'S MAIDEN NAME: Mary French

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: George C. Varner Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Aneurysm of abdominal Aorta ruptured — 6 hours

443 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

96

(b) Hypertensive Cardiovascular Disease — 10 years

(c) Rheumatoid Arthritis — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1937, to Sept. 26, 1950, that I last saw the deceased alive on Sept. 26, 1950, and that death occurred at 10:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

W. Howard Yeager, M. D. Hagerstown, Md. — Sept. 27, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Sept. 29, 1950

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Sept 29 1950

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss Hagerstown, Md.

RECEIVED
OCT 3 1960
BUREAU V. S

09658

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
LENGTH OF STAY (In this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Arthur (Last) Weaver
4. DATE OF DEATH (Month) Sept. (Day) 11 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	May 29, 1889	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician	Western Union	Texas	U.S.A.

13. FATHER'S NAME: George W. Weaver
14. MOTHER'S MAIDEN NAME: Dora Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes W.W. I	579-07-6265	Mrs. Raymond Weaver - Sister-in-la

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443X Immediate cause	(a) Congestive Heart Failure	Instant
932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteris Sclerosis	5 or more Years
	(c) Hypertension Chronic	5 or more Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition p.c. Impacted Feces

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. S. Stadler M.D.		Hancock Md	9/12/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county)	(State)
Burial	9-14-50	Tonoloway Baptist	Fulton Co.,	Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/13/50	J. A. Keller	Charles R. Bast,	Hancock, Md.

31456

RECEIVED
SEP 15 1950
BUREAU Y. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Hirshman

09659

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 119 East Washington St

3. NAME OF DECEASED (Type or Print) (First) DANIEL (Middle) JOSEPH (Last) WITMER

4. DATE OF DEATH (Month) Sept 19 (Day) 1950 (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Jany 22 1870
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Judge Orphans Court
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) Beaver Creek Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Milton Witmer
14. MOTHER'S MAIDEN NAME unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) --
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. M. Elizabeth Beachley 618 St. Dunstans Rd. Baltimore Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
490X	Immediate cause	(a) Coronary Occlusion	10 minutes
	Antecedent cause(s)		
108	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lobar Pneumonia	5 days
		(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At wnrk ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 14, 1950, to Sept 19, 1950, that I last saw the deceased alive on Sept 19, 1950, and that death occurred at 12 30 P m., from the causes and on the date stated above.

SIGNATURE Chas J Hirshman MD (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 9/20/50

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE 9/21/50
NAME OF CEMETERY OR CREMATORY Dunkard Cemetery
LOCATION (City, town, or county) Beaver Creek Wash. Co. (State) Md

DATE REC'D BY LOCAL REG. Sept. 20. 1950
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

V2698

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 22 1950
BUREAU U. S.